INDUSTRIAL COMMISSION OF THE STATE OF IDAHO APPLICATION WORKERS' COMPENSATION SELF-INSURANCE

Applicant:	
Main Office Address:	
Parent Company:	
Adjuster:	
Three-Year Payroll: 19: \$	
	3-year average payroll \$
1. That its previous three-year are payroll, is in excess of \$4,000,000. That it has deposited security in the security in th	verage annual Idaho payroll, not to include any subsidiary 000. n a form and amount as described above.
authority as more fully evidenc	ed by a copy of that authorization letter attached.
5. That it will, at its own expense the Commission for processing	e, keep on hand all forms which are or may be prescribed by g, service, and adjustment of claims and make available to
6. That it has delivered to the Id officer, upon order of a court of sell such securities and any of	daho State Treasurer a power of attorney authorizing such of competent jurisdiction or of the Industrial Commission, to f them and disburse the proceeds thereof to any unpaid and
7. That it will make reports to the8. That it will comply with the st	±
DATED THIS DAY OF	, 20
	X
	By
Security Deposited: \$	Type:

Industrial Commission of the State of Idaho Workers' Compensation Self-Insurance Application Page Two

STATE OF	
COUNTY OF)
On this day of appeared	in the year 20, before me personally
(name o	f officer)
me that he executed the same.	whose name is subscribed to the within instrument, and acknowledged to IN WITNESS WHEREOF, I have hereunto set my hand and affixed my in this certificate first above written
	My commission expires
Notary Public residing at	